

Benefits Education
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Retirement Workshop 2003 Registration For PFRS Employees

Return Form To:
Division of
Pensions and Benefits
Benefits Education
PO Box 295
Trenton, NJ 08625-0295

Preregistration for retirement workshops is required

Pension Fund *(select one):*

☐ Police and Firemen's Retirement System (PFRS)

Member Information:

Name *(first, last)*: _____

Date of Birth *(mm/dd/yyyy)*: _____

Social Security Number *(xxx-xx-xxxx)*: _____

Expected Retirement Date: The first day of _____
*(Retirement date must be the first day of a month and within the next twelve months.
This date is for estimate purposes only and is not an application for retirement.)*

E-Mail Address: _____

Daytime Phone Number *(Include Area Code)*: _____

Pension Beneficiary Information:

(By providing this information we will be able to calculate a retirement estimate that includes payment options to a surviving beneficiary.)

Spouse's Name: _____

Spouse's Date of Birth *(mm/dd/yyyy)*: _____

Will your spouse attend with you? ☐ Yes ☐ No

Choose Seminar Date:

(You will receive directions to the seminar location upon confirmation of enrollment.)

☐ July 31 (9:30 a.m. to 12:00)

☐ August 21 (9:30 a.m. to 12:00)

☐ September 11 (9:30 a.m. to 12:00)

☐ October 16 (9:30 a.m. to 12:00)

☐ November 24 (9:30 a.m. to 12:00)

☐ December 18 (9:30 a.m. to 12:00)